

PATENT APPLICATION SERIAL NO. 10/519784

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
Fee Record Sheet

01/06/2005 MKAYPAGH 00000157 10519784

01 FC:1631 300.00 OP  
02 FC:1632 500.00 OP  
03 FC:1633 200.00 OP

Revised Date: 9/18/2005 JANDERSON 0012184900  
07/16/2005 Name/Number: 10519784  
FEE JOHN \$180.00 CR

07/18/2005 JANDERSON 00000004 10519784  
01 FC:1632 300.00 OP  
01 FC:1642 400.00 OP

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>7-8-05</u>		2 Serial/Patent # <u>10/519784</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>							
<input type="checkbox"/> Amendment			\$ <u>  </u>							
<input type="checkbox"/> Extension of Time			\$ <u>  </u>							
<input type="checkbox"/> Notice of Appeal/Appeal			\$ <u>  </u>							
<input type="checkbox"/> Petition			\$ <u>  </u>							
<input type="checkbox"/> Issue			\$ <u>  </u>							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$ <u>  </u>							
<input type="checkbox"/> Maintenance			\$ <u>  </u>							
<input type="checkbox"/> Assignment			\$ <u>  </u>							
<input type="checkbox"/> Other			\$ <u>  </u>							
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>							
		8 TO BE REFUNDED BY:								
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check								
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>8</td><td>--</td><td>2</td><td>2</td><td>2</td><td>0</td></tr></table>		1	8	--	2	2	2	0
1	8	--	2	2	2	0				
10 REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>John Andrew</u>		TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>John Andrew</u>		PHONE: <u>308-9140 ext 211</u>								
OFFICE: <u>PCT - DO/EO</u>		*****								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B